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Bib Data Sheet

CONFIRMATION NO. 9910

<b>SERIAL NUMBER</b> 10/713,408	<b>FILING OR 371(c) DATE</b> 11/13/2003 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3772	<b>ATTORNEY DOCKET NO.</b> 31407-1001-UT
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**APPLICANTS**  
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*OK M.B.*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/425,944 11/13/2002  
*None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 02/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NM	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 20 <i>23</i>	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>M.B.</i> Examiner's Signature Initials				

**ADDRESS**  
5179

**TITLE**  
Thrombus prevention apparatus and methods

<b>FILING FEE RECEIVED</b> 510	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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